

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re PATENT APPLICATION of:
MORITO MORISHIMA

Confirmation Number: 5462

Application No.: 10/606,810

Group Art Unit: 2656

Filed: June 26, 2003

Examiner: VAN T. PHAM

For: OPTICAL DISC RECORDING APPARATUS AND METHOD OF FORMING AN
IMAGE ON AN OPTICAL DISC

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT/RESPONSE TRANSMITTAL

Transmitted herewith is an amendment/response for this application.

EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for a 1 month extension of time under 37 C.F.R. 1.136.

FEES

The fee for claims and extension of time (37 C.F.R. 1.16 and 1.17) has been calculated as shown below:

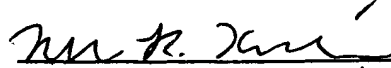
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDIT. FEE
TOTAL	21	-	21	=	1	x \$ 50.00 =	\$ 0.00
INDEP.	3	-	6	=	0	x \$ 200.00 =	\$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ \$ 360.00 =	\$ 0.00
TOTAL ADDITIONAL CLAIM FEE							\$ 0.00
EXTENSION OF TIME							\$ 120.00
GRAND TOTAL							\$ 120.00

FEE PAYMENT

Authorization is hereby made to charge the amount of \$120.00 to Deposit Account No. 033975. Charge any additional fees required by this paper or credit any overpayment in the manner authorized above. A duplicate of this paper is attached.

Date: October 16, 2006


PILLSBURY WINTHROP SHAW PITTMAN LLP MARK R. KENDRICK
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CERTIFICATION UNDER 37 C.F.R. §§ 1.8 and/or 1.10*

(When using Express Mail, the Express Mail label number is *mandatory*; Express Mail certification is *optional*.)

I hereby certify that, on the date shown below, this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



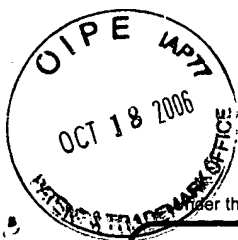
Signature

Date: October 16, 2006

MARK R. KENDRICK

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 120

Complete if Known

Application Number	10/606,810
Filing Date	June 26, 2003
First Named Inventor	MORITO MORISHIMA
Examiner Name	VAN T. PHAM
Art Unit	2656
Attorney Docket No.	51270-304520

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 161805 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150 100	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

21 - 21 or HP = 0 X 00.00 = 0.00 Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

3 - 6 or HP = 0 X 00.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ /50= _____ (round up to a whole number) x 250.00 = _____

4. OTHER FEE(S)

Non-English Specification, 130 fee (no small entity discount)

Other: 1-Month EOT

Fee Paid (\$)

\$120.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48468	Telephone	213-488-7253
Name (Print/Type)	MARK R. KENDRICK	Date	October 16, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.